Foster Family Home - Corrective Action Report

Provider ID:	1-611922						
Home Name: Marilyn Speichinger, CNA			Review ID:	Review ID: 1-611922-5			
94-1176-A Kahuahale Street				Reviewer:	i.		
Waipahu		HI	96797	Begin Date:	1/12/2017	End Date: 1 13 /2017	
Foster Family	Home	Re	equired Certific	ate	[17	7-1454-6]	
6.(d)(1) Comment:	Comply	with a	ill applicable requi	rements in this cha	apter; and	••••••••••••	
6 (d)(1) Home corrective action	visit made on plan du	on 1/ to C	12/2017 for a 2-l TA on 2/12/2017	ped recertificatio	n. Corrective a	ction report issued during home visit with	
6 (d)(1) see ap	plicable se	ections	of this review.				
Foster Family Home		Background Checks		cks	[17	7-1454-7.1]	
7.1.(a)(1)	Be subj	ect to	oriminal history rec	ord checks in acc	ordance with sec	ction 846-2.7, HRS;	
7.1.(a)(2)						vidual has direct contact with a client; and	
Comment:		•				ndual has direct contact with a client; and	
7.1.(a)(1) Laps	ed on eCri	m due	on/before 2/22/	16 done on 1/12	/2017 for CG#3	3.	
7.1.(a)(2) Laps done on 8/10/1 8/31/16 for CG	ed on Adui 6 for CG#* #4.	t Prote	ective Services a on/before 2/12/2	and Child Abuse 2016 done on 8/	Neglect checks 10/2016 for CG	s (APS/CAN) lapsed due on/before 2/11/16 #2; and due on/before 5/2/16 done on	
CG#3 Current /	APS/CAN I	not pre	esent in the hom	е.			
Foster Family	Home	Pei	sonnel and Sta	ffing	[17.	-1454-41]	
41.(b)(7)	Have a			•		<u>-</u>	
	Have a	Have a current tuberculosis clearance that meets department of health guidelines; and					
41.(b)(8)	Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.						
Comment:							
41.(b)(7) Lapsed	d on TB cle	earand	e due on/before	10/2/15 done or	1/2/26/17 for	CG#1	
41.(b)(8) Lapsed	d on Blood	Borne	Pathogen due	on/before 8/1/15		• • • •	
•			. amogen ade	011/belote 8/1/15	done on 6/1/16	6.for CG#3.	
				•			
	Compli	ance N	/lanager	-		Date	
(M	Na	len Son	uching	· .)	. /. /	
	Primary	Care	Giver /	n con my		1/12/2017	
Page 1 of 1	,		<i>V</i>	-		Date	

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Written Plan OF Correction Feb 11, 2017.

7.1(a)(1) CG #3 will not lapse in Ecrim.

7.1(a)(2) CG#1, #2, #4 will not lapse in APS/CAN.

CG#3 current APS/CAN complete on 8/10/16.

Plan to prevent DG#3 from not happening again

by using a tracking record for requirement to

remind me the due date.

4.1(b)(7) will not lapsed in TB Clearance again in the future for CGA /
4.1(b)(8) CG#3 will not lapsed in Blood Barne Patho gen next time.

The plan forthe above citation is to make tracking record for the above requirements before 2 weeks expiring.

Date: Feb 11, 2017

Marilyo Spichinga 94-1176 Kahughale G. A Waipahu, Hawaii 96797